


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **LO3000018005**

1. Limited Liability Company's Name

De Troyer Decor, L.L.C.

2. Principal Office Address - No P.O. Box #

601 NE 36th Str.

Suite, Apt. #, etc.

901

City & State

Miami

Zip

FL

Country

33137

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

57-1166540

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Steven Kozlowski

Street Address (P.O. Box Number is Not Acceptable)

1111 Lincoln Rd.

Suite, Apt. #, Etc.

400

City

Miami Beach

State

FL

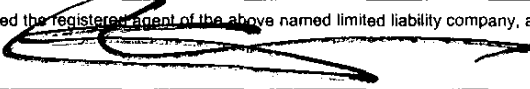
Zip Code

33139

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent



REGISTERED AGENT MUST SIGN

Date

7-19-07

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGF	Serge de Troyer	601 NE 36th Str, #901	Miami, FL 33137

09/24/07-01070--005 **100.00

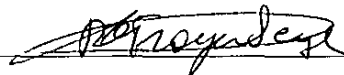
REINSTATEMENT

2006-2007

DB

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager



Date

Sept 19, 2007

Daytime Phone #

7865228968

Typed or printed name of signing Managing Member/Manager